

FILED FEB 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4463

Registrar's No. 32

BIRTH NO. 48-54723		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS 95			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON 11		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) RURAL (Mermac TWP.) 0		d. STREET ADDRESS (If rural, give location) RED #3 PACIFIC, MO. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) DOUGLAS b. (Middle) JOHN c. (Last) EVERHART				4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 10, 1949			
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0		8. DATE OF BIRTH 25th 1948 SEPTEMBER	
9. AGE (In years, Months, Days) 4 15		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WASHINGTON, MISSOURI 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JESSE EVERHART		13b. MOTHER'S MAIDEN NAME YVONNE HILL		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JESSE EVERHART RED 3 PACIFIC, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Malnutrition, vitamin deficiency. DUE TO (b) Anemia DUE TO (c) 1/9/49 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from alive on 2-9-49, 1949, and that death occurred at 5:49 a.m., from the causes and on the date stated above.							
23a. SIGNATURE S. J. Conner M.D.				23b. ADDRESS Pacific		23c. DATE SIGNED 2/10/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEBR. 11, 1949		24c. NAME OF CEMETERY OR CREMATORY PACIFIC CITY		24d. LOCATION (City, town, or county) (State) PACIFIC, MISSOURI	
DATE REC'D BY LOCAL REG. Feb. 14, 1949		REGISTRAR'S SIGNATURE		FURNERAL DIRECTOR'S SIGNATURE 990 J. L. L. L.		ADDRESS PACIFIC, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District 11 Number
Date Filed FEB 23 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Jno L. Hughes

Licensed Embalmer No. 3008

P. O. Address Pacific Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.